		Docum		
Fill in this infor	mation to identify your	case:		
Debtor 1	Nicoline K Jaram	illo		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number	19-10400			
(if known)				Check if this is an
				amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	essets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	•	0.00
	1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	82,532.15
	1c. Copy line 63, Total of all property on Schedule A/B	\$	82,532.15
Par	t2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	16,533.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	777.91
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	294,191.64
	Your total liabilities	\$	311,502.55
Par	t3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	10,746.88
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	8,789.00
Par			
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?		
	No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
	■ Yes		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Nicoline K Jaramillo

Page 2 of 50 Case number (if known) 19-10400

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

14,037.66

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on <i>Schedule E/F</i> , copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	777.91
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	245,048.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	245,825.91

			Document	Page 3 of 50		
Fill in this inf	formation to identify	your case ar	nd this filing:			
Debtor 1	Nicoline K J	aramillo				
Debior 1	First Name		Middle Name	Last Name		
Debtor 2						
(Spouse, if filing)	First Name		Middle Name	Last Name		
United States	Bankruptcy Court for	the FASTI	ERN DISTRICT OF VIRG	iNIA		
Office Otates	Barikraptoy Court for					
Case number	19-10400					☐ Check if this is an
						amended filing
Oπ:•;•1 L	1 OC A /F	,				
Official F	orm 106A/E	<u>-</u>				
Schedı	ule A/B: Pı	operty	/			12/15
		<u> </u>		an asset fits in more than or	ne category, list the asset	in the category where you
				le are filing together, both ar		
information. If r Answer every q		attach a separa	ate sheet to this form. On the	he top of any additional page	es, write your name and ca	ise number (if known).
	,400					
Part 1: Descr	ibe Each Residence, B	uilding, Land,	or Other Real Estate You O	wn or Have an Interest In		
1 Do vou own	or have any legal or eq	uitable interes	st in any residence, building	g, land, or similar property?		
i. Do you oui.i	or navo any logar or oq	juntubio intoroc	a in any rootaonoo, banang	j, iana, or ommar proporty.		
No. Go to	Part 2.					
☐ Yes. Whe	ere is the property?					
	,					
Part 2: Descr	ibe Your Vehicles					
□ No ■ Yes	s, trucks, tractors, sp	ort utility ver	motes, motorcycles			
2.4 Maka	Fiat		Mha hao an interest in th	he manerty? Observe	Do not deduct secured	claims or exemptions. Put
3.1 Make:	500C		Who has an interest in the	ne property? Check one	the amount of any secu	ured claims on Schedule D:
Model:			Debtor 1 only		Creditors who have C	laims Secured by Property.
Year:	2017	35,000	Debtor 2 only		Current value of the	Current value of the
• •	mate mileage:	33,000	☐ Debtor 1 and Debtor 2☐ At least one of the deb	•	entire property?	portion you own?
Otherin	iloimation.		At least one of the dep	itors and another		
			☐ Check if this is comn	nunity property	\$15,000.00	\$15,000.00
			(see instructions)	71 11 7		-
Examples: E ■ No □ Yes 5 Add the despages you	Soats, trailers, motors	, personal wa rtion you ow Part 2. Write t	tercraft, fishing vessels, s n for all of your entries f hat number here	nicles, other vehicles, and nowmobiles, motorcycle action of the second	ccessories y entries for	\$15,000.00
			erest in any of the follow	wing items?		Current value of the
,		•	, , , , , , , , , , , , , , , , , , , ,	•		portion you own? Do not deduct secured claims or exemptions.
6. Household	goods and furnishi	ngs				

Examples: Major appliances, furniture, linens, china, kitchenware

□ No

Official Form 106A/B Schedule A/B: Property

C	Case 19-10400-BFK Doc 13 Filed 02/20/19 Entered 02/20/19 18:09: Document Page 4 of 50	40 Desc Main
Debtor 1	Nicoline K Jaramillo Case number (if known)	19-10400
Yes	Describe	
	Beds, couches, tables, dressers.	\$3,500.00
□No	nics les: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music including cell phones, cameras, media players, games Describe	collections; electronic devices
	TVs, cell phones, laptops.	\$1,500.00
Examp	 ibles of value iles: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin other collections, memorabilia, collectibles Describe 	n, or baseball card collections;
Examp	nent for sports and hobbies les: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes musical instruments Describe	and kayaks; carpentry tools;
■ No	ms ples: Pistols, rifles, shotguns, ammunition, and related equipment Describe	
□ No	ples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Describe	
	Clothing.	\$1,000.00
■ No □ Yes 13. Non-f a Exam ■ No	ry ples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, Describe prem animals ples: Dogs, cats, birds, horses Describe	gold, silver
14. Any o	ther personal and household items you did not already list, including any health aids you did not list	
■ No □ Yes	Give specific information	
	the dollar value of all of your entries from Part 3, including any entries for pages you have attached eart 3. Write that number here	\$6,000.00
	escribe Your Financial Assets	
Do you o	wn or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 2

claims or exemptions.

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De	ebtor 1	Nicoline K Jaramille	0	Case number (if known)	9-10400
16.	Cash				
	_ ′	oles: Money you have in y	your wallet, in your ho	me, in a safe deposit box, and on hand when you file your petition	
	■ No				
	□ 165				
17.		its of money	or other financial acco	unts; certificates of deposit; shares in credit unions, brokerage ho	ises, and other similar
	Lxamp			with the same institution, list each.	acco, and other offinial
	□ No			Institution name.	
	■ Yes			Institution name:	
		47.4	Chacking	USAA	\$0.00
		17.1.	Checking	OUA	Ψ0.00
		17.2.	Savings	USAA	\$0.00
		47.0	Chaaline	Wells Fargo	\$1.00
		17.3.	Checking	wells raigo	φ1.00
		17.4.	Checking	Navy Federal Credit Union	\$2,719.00
				Nove Follows Condit Holory	* 4.00
		17.5.	Savings	Navy Federal Credit Union	\$1.00
		17.6.	Checking	USAA joint	\$111.15
18.	Bonds	, mutual funds, or publi	cly traded stocks		
	Examp			kerage firms, money market accounts	
	■ No		Institution or issuer r	nomo:	
	⊔ Yes		institution of issuer i	iaille.	
19.			l interests in incorpo	orated and unincorporated businesses, including an interest i	n an LLC, partnership, and
	No No	enture			
		Give specific information	about them		
			ame of entity:	% of ownership:	
20.	Govern	nment and corporate bo	onds and other nego	tiable and non-negotiable instruments	
	_		•	hiers' checks, promissory notes, and money orders. nsfer to someone by signing or delivering them.	
	■ No	egoliable instruments are	tilose you calliot lia	islet to someone by signing or delivering them.	
		Give specific information	about them		
		Iss	suer name:		
21.	Retiren	nent or pension accoun	nts		
	_Examp			03(b), thrift savings accounts, or other pension or profit-sharing pla	ns
	□ No	List each account separa	atal.		
	■ Yes.	•	e of account:	Institution name:	
					*
		401((k)	Ernst & Young	\$8,700.00
22.	Your s	ty deposits and prepayr hare of all unused deposi	its you have made so	that you may continue service or use from a company	
	Examp	oles: Agreements with lan	ndlords, prepaid rent, p	public utilities (electric, gas, water), telecommunications companie	s, or others
	■ No			Institution name or individual:	
	⊔ Yes.			Institution name or individual:	

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23.	23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)							
	■ No □ Yes	Issuer name and description.						
24.		ation IRA, in an account in a qualified ABLE progra 1), 529A(b), and 529(b)(1).	am, or under a qualified state tuition progra	m.				
	Yes	Institution name and description. Separately file the r	records of any interests.11 U.S.C. § 521(c):					
	■ No	future interests in property (other than anything l	isted in line 1), and rights or powers exercis	sable for your benefit				
		information about them						
26.		, trademarks, trade secrets, and other intellectual domain names, websites, proceeds from royalties and						
	☐ Yes. Give specific	Yes. Give specific information about them						
27.		s, and other general intangibles permits, exclusive licenses, cooperative association here.	oldings, liquor licenses, professional licenses					
	☐ Yes. Give specific	information about them						
M	oney or property owe	d to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.				
	Tax refunds owed to ■ No □ Yes. Give specific	o you information about them, including whether you already	y filed the returns and the tax years					
	Family support Examples: Past due ■ No □ Yes. Give specific	or lump sum alimony, spousal support, child support,	maintenance, divorce settlement, property set	tlement				
30.		neone owes you rages, disability insurance payments, disability benefit unpaid loans you made to someone else	s, sick pay, vacation pay, workers' compensat	ion, Social Security				
		No Yes. Give specific information						
	Interests in insuran Examples: Health, d	ce policies isability, or life insurance; health savings account (HS	A); credit, homeowner's, or renter's insurance					
	Yes. Name the inst	urance company of each policy and list its value. Company name:	Beneficiary:	Surrender or refund value:				
		Prudential	Xavier Jaramillo	\$50,000.00				
		perty that is due you from someone who has died ciary of a living trust, expect proceeds from a life insur information	rance policy, or are currently entitled to receive	property because				

Official Form 106A/B Schedule A/B: Property page 4

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Case number (if known) 19-10400 Debtor 1 Nicoline K Jaramillo 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$61,532.15 for Part 4. Write that number here..... Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$0.00 56. Part 2: Total vehicles, line 5 \$15,000.00 Part 3: Total personal and household items, line 15 57. \$6,000.00 58. Part 4: Total financial assets, line 36 \$61,532.15 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$82,532.15 Copy personal property total \$82,532.15 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$82,532.15

Official Form 106A/B Schedule A/B: Property page 5

		Docum		
Fill in this informa	ation to identify your	case:		
Debtor 1	Nicoline K Jaram	illo		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT C	F VIRGINIA	
	9-10400			
(if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.							
	■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)							
	☐ You are claiming federal exemptions. 11 t	J.S.C. § 522(b)(2)						
2.	For any property you list on Schedule A/B that you claim as exempt, fill in the information below.							
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own			Specific laws that allow exemption			
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.				
	Beds, couches, tables, dressers.	\$3,500.00		\$3,500.00	Va. Code Ann. § 34-26(4a)			
	Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit				
	Clothing. Line from Schedule A/B: 11.1	\$1,000.00		\$1,000.00	Va. Code Ann. § 34-26(4)			
	Line from Scriedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit				
	Checking: Navy Federal Credit Union Line from Schedule A/B: 17.4	\$2,719.00		\$2,719.00	Va. Code Ann. § 34-4			
	Line Holli Schedule AVB. 17.4			100% of fair market value, up to any applicable statutory limit				
	Prudential Beneficiary: Xavier Jaramillo	\$50,000.00		\$50,000.00	Va. Code Ann. §§ 38.2-3339, 51.1-510			
	Line from Schedule A/B: 31.1			100% of fair market value, up to any applicable statutory limit	31.1-310			
3.	Are you claiming a homestead exemption of (Subject to adjustment on 4/01/19 and every 3			led on or after the date of adiustme	nt.)			

No

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

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Case number (if known) Debtor 1 Nicoline K Jaramillo 19-10400

Case 19-	-10400-BFK	Doc 13 Filed 02/20	0/19 Ent Page 10	ered 02/20/19 of 50	18:09:40 Des	sc Main
Fill in this information	on to identify you		T GGC IC	7 01 00		
	Nicoline K Jara	millo Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	irst Name	Middle Name	Last Name			
United States Bankru	ptcy Court for the	EASTERN DISTRICT OF VIR	RGINIA			
Case number 19-1	0400					c if this is an ded filing
Official Form 10 Schedule D:		Who Have Claims	Secure	d by Propert	y	12/15
		If two married people are filing toge out, number the entries, and attach i				
. Do any creditors have	e claims secured by	y your property?				
□ No. Check this	box and submit t	his form to the court with your other	er schedules. Ye	ou have nothing else t	o report on this form.	
Yes. Fill in all of	of the information	below.				
Part 1: List All Se	cured Claims					
for each claim. If more the	han one creditor has	more than one secured claim, list the cs a particular claim, list the other creditoral order according to the creditor's na	ors in Part 2. As	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Ally Financial	I	Describe the property that secures	s the claim:	\$16,533.00	\$15,000.00	\$1,533.00
Creditor's Name		2017 Fiat 500C 35,000 mile	S			
Attn: Bankrup Po Box 38090 Bloomington,)1	As of the date you file, the claim is apply. Contingent	Check all that			
Number, Street, City,	<u></u>	☐ Unliquidated ☐ Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply	· •			
■ Debtor 1 only □ Debtor 2 only		☐ An agreement you made (such as car loan)	s mortgage or sec	cured		
Debtor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, m	echanic's lien)			
At least one of the de		☐ Judgment lien from a lawsuit				
Check if this claim r community debt	relates to a	☐ Other (including a right to offset)				
	Opened 05/17 Last					
Date debt was incurred	Active 1/01/19	Last 4 digits of account nur	mber 5285			

Add the dollar value of your entries in Column A on this page. Write that number here: \$16,533.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$16,533.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	5436 13 10400 BIN BO	Document	Page 11 c	of 50	.00.40 Bee	o man
Fill in this	s information to identify your case:					
Debtor 1	Nicoline K Jaramillo					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, fil	lling) First Name	Middle Name	Last Name			
		STERN DISTRICT OF VIR				
United St	ates Bankruptcy Court for the: EAS	STERN DISTRICT OF VIR	GINIA			
Case num	nber 19-10400					
(if known)					_	if this is an ded filing
] amend	dea ming
Official	Form 106E/F					
Sched	ule E/F: Creditors Who	Have Unsecured	l Claims			12/15
Schedule C Schedule D left. Attach	ory contracts or unexpired leases that c 3: Executory Contracts and Unexpired L 5: Creditors Who Have Claims Secured L the Continuation Page to this page. If yo case number (if known). List All of Your PRIORITY Unsecu	eases (Official Form 106G). by Property. If more space is ou have no information to re	Do not include any needed, copy the	creditors with partially s	secured claims that a number the entries i	are listed in in the boxes on the
	y creditors have priority unsecured clair					
□ No	. Go to Part 2.					
■ Yes	S.					
Part 1.	ole, list the claims in alphabetical order according than one creditor holds a particula nexplanation of each type of claim, see the	r claim, list the other creditors	in Part 3.		Priority amount	Nonpriority amount
	airfax County	Last 4 digits of acco	unt number	\$777.91	\$777.91	\$0.00
D P	riority Creditor's Name Dept of Tax Admin PO Box 10202 Fairfax, VA 22035	When was the debt i	ncurred?		-	
	umber Street City State Zlp Code	As of the date you fil	e, the claim is: Che	eck all that apply		
_	incurred the debt? Check one.	☐ Contingent				
	•	☐ Unliquidated				
_	Debtor 2 only	☐ Disputed Type of PRIORITY ur	nsecured claim:			
_	bebtor 1 and Debtor 2 only It least one of the debtors and another	☐ Domestic support				
	theck if this claim is for a community de	<u> </u>	•	the government		
	e claim subject to offset?		•	e you were intoxicated		
■ _N	lo	Other. Specify		•		
□ Y	es		ersonal proper	ty taxes		-
Part 2:	List All of Your NONPRIORITY Un	secured Claims				
	Do any creditors have nonpriority unsecured claims against you?					
□ No	. You have nothing to report in this part. Su	bmit this form to the court with	h your other schedule	es.		
■ Yes	s.					
unsecu	Il of your nonpriority unsecured claims i ured claim, list the creditor separately for ea ne creditor holds a particular claim, list the	ach claim. For each claim liste	ed, identify what type	of claim it is. Do not list cl	aims already included	in Part 1. If more

Total claim

Part 2.

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Case number (if known) 19-10400

Debt	or 1 Nicoline K Jaramillo		Case number (if known) 19-10400	
4.1	AAFES	Last 4 digits of account number	8574	\$7,452.00
	Nonpriority Creditor's Name Attention: Bankruptcy Po Box 650060 Dallas, TX 75265	When was the debt incurred?	Opened 03/99 Last Active 11/19/18	. ,
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.2	AMCB	Last 4 digits of account number		\$869.93
	Nonpriority Creditor's Name PO Box 37007 Baltimore, MD 21297	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify INOVA ER	visit	
4.3	Chase Bank Nonpriority Creditor's Name	Last 4 digits of account number		\$250.00
	PO Box 15123 Wilmington, DE 19850	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	\square At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset? —	report as priority claims	ration agreement or divorce that you did not	
	No	Debts to pension or profit-sharir	g plans, and other similar debts	
	Yes	Other. Specify overdraft		

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Case number (if known) 19-10400

Deptoi	NICOINE & Jaranino		(ii known) 19-10400				
4.4	Comenitybank/New York	Last 4 digits of account number	4642	\$103.00			
	Nonpriority Creditor's Name Attn: Bankruptcy Dept Po Box 182125 Columbus, OH 43218 Number Street City State Zlp Code	When was the debt incurred? As of the date you file, the claim	Opened 11/16 Last Active 10/15/18 is: Check all that apply				
	Who incurred the debt? Check one.	•					
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	Other. Specify Charge Acc	count				
4.5	Edc/Icor Lamip Lic	Last 4 digits of account number	6701	\$2,765.00			
	Nonpriority Creditor's Name	_	On an ad 07/40 L and Anti-				
	850 Cassatt Rd Ste 300 Berwyn, PA 19312	When was the debt incurred?	Opened 07/18 Last Active 12/01/18				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	At least one of the debtors and another	_	Type of NONPRIORITY unsecured claim:				
	Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts				
	Yes	Other. Specify Rental Agree	eement				
4.6	LendingClub	Last 4 digits of account number	5135	\$5,698.00			
	Nonpriority Creditor's Name Attn: Bankruptcy 71 Stevenson St, Ste 1000 San Francisco, CA 94105	When was the debt incurred?	Opened 05/15 Last Active 10/30/15				
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply				
	Who incurred the debt? Check one.						
	■ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	\square Check if this claim is for a community debt	☐ Student loans☐ Obligations arising out of a sepa	aration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing					
	□Yes	Other. Specify Unsecured					

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Case number (if known) 19-10400

Debtor	1 Nicoline K Jaramillo	Case number (if known) 19-10400	
4.7	Medicredit Inc.	Last 4 digits of account number	\$139.00
	Nonpriority Creditor's Name 111 Corporate Office Dr. Ste 200	When was the debt incurred?	
	Earth City, MO 63045 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Dominion bill	
4.8	Nationwide Recovery Service	Last 4 digits of account number	\$532.96
	Nonpriority Creditor's Name 5655 Peachtree Pkwy Ste 211	When was the debt incurred?	
	Norcross, GA 30092		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	□ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify select phys therapy	
4.9	NetCredit Nonpriority Creditor's Name	Last 4 digits of account number 1210	\$3,078.00
	175 W. Jackson Blvd., Suite 1000 Chicago, IL 60604	Opened 4/23/18 Last Active 1/04/19	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Unsecured	

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Case number (if known) 19-10400

Debte	or 1 Nicoline K Jaramillo	——————————————————————————————————————	Case number (if known) 19-104	400				
4.1 0	NeuroPsych Wellness Ctr	Last 4 digits of account number		\$903.56				
	Nonpriority Creditor's Name 3930 Pender Dr. #350	When was the debt incurred?						
	Fairfax, VA 22030	_						
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply					
	■ Debtor 1 only	☐ Contingent						
	Debtor 2 only	☐ Unliquidated						
	Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you di	d not				
	■ No	Debts to pension or profit-sharing	ng plans, and other similar debts					
	Yes	Other. Specify						
4.1 1	New Credit America	Last 4 digits of account number	7368	\$2,843.00				
	Nonpriority Creditor's Name							
	811 Sw Naito Suite 300 Portland, OR 97204	When was the debt incurred?	Opened 07/17 Last Active 11/01/18					
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply					
	Who incurred the debt? Check one.							
	Debtor 1 only							
	Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community	☐ Student loans						
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	aration agreement or divorce that you di	d not				
	No	Debts to pension or profit-sharing	ng plans, and other similar debts					
	Yes	Other. Specify Unsecured						
4.1 2	Newport News Behavioral Health	Last 4 digits of account number		\$7,719.75				
	Nonpriority Creditor's Name 17579 Warwick Blvd. Newport News, VA 23603	When was the debt incurred?						
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply					
	Who incurred the debt? Check one.							
	Debtor 1 only	☐ Contingent						
	☐ Debtor 2 only	☐ Unliquidated						
	☐ Debtor 1 and Debtor 2 only	☐ Disputed						
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:					
	☐ Check if this claim is for a community debt	Obligations arising out of a separation agreement or divorce that you did not report as priority claims						
	Is the claim subject to offset?							
	No	Debts to pension or profit-sharing	ng plans, and other similar debts					
	☐ Yes	■ Other. Specify						

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Debtor 1 Nicoline K Jaramillo 19-10400 ase number (if known) 4.1 **Pionr Midctr** 0418 \$5,689.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 04/18 Last Active Attn: Bankruptcy When was the debt incurred? 4700 Belleview Ave, Suite 300 12/31/18 Kansas City, MO 64112 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Unsecured ☐ Yes 4.1 **ProfessionalAccount Management** \$437.20 Last 4 digits of account number 4 Nonpriority Creditor's Name **PO Box 785** When was the debt incurred? Milwaukee, WI 53201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Express Lanes/Transurban ☐ Yes 4.1 **US Deptartment of Education** 7581 \$245.048.00 5 Last 4 digits of account number Nonpriority Creditor's Name Opened 01/17 Last Active Attn: Bankruptcy Po Box 7860 When was the debt incurred? 12/31/18 Madison, WI 53707 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Official Form 106 E/F

Educational

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Debtor 1 Nicoline K Jaramillo Case number (if known) 19-10400 4.1 4005 \$8,712.24 USAA Federal Saving Bank Last 4 digits of account number 6 Nonpriority Creditor's Name Attn: Bankruptcy Opened 2/14/13 Last Active 8950 Cypress Waters Blvd, B When was the debt incurred? 6/15/18 Coppell, TX 75019 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only □ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify VA Real Estate Mortgage ☐ Yes 4.1 **Usaa Federal Savings Bank** 7949 \$1,951.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 11/08 Last Active Attn: Bankruptcy 10750 Mcdermott Freeway When was the debt incurred? 12/30/18 San Antonio, TX 78288 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card ☐ Yes Part 3: List Others to Be Notified About a Debt That You Already Listed 5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. Name and Address On which entry in Part 1 or Part 2 did you list the original creditor? **Nationwide Credit Corporation** Line 2.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims PO Box 9156 ☐ Part 2: Creditors with Nonpriority Unsecured Claims Alexandria, VA 22304 Last 4 digits of account number Add the Amounts for Each Type of Unsecured Claim Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim. **Total Claim Domestic support obligations** 6a 6a 0.00 Total claims from Part 1 6b. Taxes and certain other debts you owe the government 6b. 777.91 6c. Claims for death or personal injury while you were intoxicated 6c. 0.00 Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00

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Debtor 1 Nicoline K Jaramillo Case number (if known) 19-10400 6e. Total Priority. Add lines 6a through 6d. 6e. 777.91 **Total Claim** Student loans 6f. 245,048.00 Total claims from Part 2 Obligations arising out of a separation agreement or divorce that 0.00 you did not report as priority claims

Debts to pension or profit-sharing plans, and other similar debts 6g. 6h. 6h. 0.00 Other. Add all other nonpriority unsecured claims. Write that amount 6i. 6i. 49,143.64 Total Nonpriority. Add lines 6f through 6i. 6j. 294,191.64

		Docume	IIL I UUC 13 OI 30	
Fill in this info	rmation to identify your	case:		
Debtor 1	Nicoline K Jaram	illo		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States E	Bankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA	
Case number	19-10400			
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have the	e contract or lease Code	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.2					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.3	Oity		Otate	Zii Code	
2.0	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	
2.4					
	Name				
	Number	Street			
	City		State	ZIP Code	_
2.5	Oity		Olalo	Zii Oodo	
	Name				
	Number	Street			<u> </u>
	City		State	ZIP Code	<u> </u>

Fill in this	information to identify your	Docume case:	nt Page 20 (of 50	
Debtor 1	Nicoline K Jaran	nillo			
20010	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	ng) First Name	Middle Name	Last Name		
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA		
Case num (if known)	ber 19-10400				☐ Check if this is an amended filing
Sched	l Form 106H Iule H: Your Cod				12/15
people are fill it out, a	filing together, both are equ	ally responsible for supp boxes on the left. Attach	lying correct informat the Additional Page t	tion. If more space is ne	te as possible. If two married seded, copy the Additional Page, of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case, of	lo not list either spouse	as a codebtor.	
■ No □ Yes	8				
	hin the last 8 years, have yona, California, Idaho, Louisiana				states and territories include
	. Go to line 3. s. Did your spouse, former spo	use, or legal equivalent live	with you at the time?		
in line Form	2 again as a codebtor only	if that person is a guarant	or or cosigner. Make	sure you have listed the	with you. List the person shown e creditor on Schedule D (Official chedule E/F, or Schedule G to fill
	Column 1: Your codebtor Name, Number, Street, City, State and 2	ZIP Code		Column 2: The cred Check all schedules	litor to whom you owe the debt sthat apply:
3.1				☐ Schedule D, line	
	Name			Schedule E/F, lir	
				☐ Schedule G, line	
	Number Street City	State	ZIP Code		
3.2				☐ Schedule D, line	
	Name			□ Schedule E/F, lir	ne
	Number Street	State	ZIP Code	_	
	City	State	ZIP Code		

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							ı			
	in this information to into the interior to into the interior 1	dentity your ca								
	otor 2 use, if filing)					_				
Uni	ted States Bankruptc	y Court for the	: _EASTERN DISTRICT	OF VIRGINIA						
Cas	se number 19-10	0400					Check if th	is is:		
(If kn	lown)			-			☐ An am	ended filing		
								lement showir ome as of the f	g postpetition chap ollowing date:	ter
<u>O</u> 1	fficial Form 1	1061					MM / D	DD/ YYYY	-	
So	chedule I: Y	our Inco	ome							12/15
spoi atta	use. If you are separ ch a separate sheet	ated and you	are married and not filir r spouse is not filing w On the top of any additi	ith you, do not inclu	de infor	matio	on about your	spouse. If m	ore space is need	ed,
1.	Fill in your employ information.	ment		Debtor 1			Deb	tor 2 or non-f	iling spouse	
	If you have more the		Employment status	■ Employed			☐ Employed			
	attach a separate parinformation about a	· ·	Employment status	☐ Not employed				lot employed		
	employers.		Occupation	Consultant						
	Include part-time, se self-employed work		Employer's name	Ernst & Young	U.S. LL	Р				
	Occupation may incor homemaker, if it		Employer's address	1201 Elm Street Dallas, TX 7527		1400)			
			How long employed t	here?						
Par	t 2: Give Detai	ils About Mor	thly Income							
	mate monthly incomuse unless you are se		ate you file this form. If	you have nothing to re	eport for	any l	ine, write \$0 ir	the space. In	clude your non-filin	g
	u or your non-filing sp e space, attach a sep		ore than one employer, co	ombine the information	n for all	emplo	oyers for that p	erson on the l	nes below. If you n	eed
	·						For Debtor 1		btor 2 or ing spouse	
2.			ry, and commissions (b calculate what the monthl		2.	\$	10,743.	05 \$	0.00	
3.	Estimate and list n	nonthly overti	ime pay.		3.	+\$	0.	00 +\$	0.00	

10,743.05

0.00

Calculate gross Income. Add line 2 + line 3.

Deb	tor 1	Nicoline K Jaramillo	Case number (if known)				19-10400		
				1	For Debtor 1			ebtor 2 or	
	Сор	y line 4 here	4.		\$ 10,743	3.05	\$	iling spouse 0.0	
5.	l ist	all payroll deductions:							
0.	5a.	Tax, Medicare, and Social Security deductions	5a.		\$ 3,473	04	\$	0.0	10
	5b.	Mandatory contributions for retirement plans	5b.			1.85	\$—	0.0	
	5c.	Voluntary contributions for retirement plans	5c.		·	0.00	\$	0.0	
	5d.	Required repayments of retirement fund loans	5d.		; 	0.00	\$	0.0	
	5e.	Insurance	5e.	,		5.05	\$	0.0	
	5f.	Domestic support obligations	5f.	,	\$ 0	0.00	\$	0.0	
	5g.	Union dues	5g.	;	\$	0.00	\$	0.0	00
	5h.	Other deductions. Specify: Long Term Disability	5h.	+ 5	. —		+ \$	0.0	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	4,117	7.17	\$	0.0	00
7.	Calo	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	6,625	5.88	\$	0.0	00
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total							_
		monthly net income.	8a.			0.00	\$	0.0	
	8b.	Interest and dividends	8b.	,	\$ C	0.00	\$	0.0	00_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.			0.00	\$	0.0	
	8d.	Unemployment compensation	8d.			0.00	\$	0.0	
	8e.	Social Security	8e.	,	\$	0.00	\$	0.0	00_
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	e).00).00	\$	0.0 2,453.0	
	8h.	Other monthly income. Specify: Disability	8h.		,	0.00		1.668.0	
	011.	Disability		_	<u> </u>		`_	1,000.0	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0	0.00	\$	4,121.	.00
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	6	6,625.88	+ \$	4.12	21.00 = \$	10.746.88
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	,	_	0,020.00	* -	-,		10,110.00
11.	Inclu othe	e all other regular contributions to the expenses that you list in Schedule ade contributions from an unmarried partner, members of your household, your in friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	deper					hedule J. 11. +\$ _	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaies						12. \$	10,746.88
									hly income
13.	Do y	you expect an increase or decrease within the year after you file this form No. Yes. Explain:	?						

						1			
Fill	in this informa	tion to identify yo	our case:						
Deb	otor 1	Nicoline K J	aramillo			Ch	eck if	this is:	
L.	_				_			amended filing	
	otor 2 ouse, if filing)								ving postpetition chapter the following date:
(Opt	ouse, ii iiiiig)								une renewing date.
Unit	ed States Bankr	ruptcy Court for the	: EASTE	RN DISTRICT OF VIRGIN	IA		MM	/ DD / YYYY	
		9-10400							
(If k	nown)								
O	fficial Fo	rm 106J							
		J: Your	 Fyner	1888					12/1
				If two married people ar	e filing together h	oth are ec	mally	responsible fo	
info	ormation. If m		eded, atta	ch another sheet to this					
Par	t 1: Descr	ibe Your House	hold						
1.	Is this a joir	nt case?							
	■ No. Go to		in a separ	ate household?					
	□N								
			st file Offici	al Form 106J-2, <i>Expenses</i>	for Separate House	ehold of De	ebtor 2	2.	
2.	Do you have	e dependents?	□ No						
	Do not list Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relati			Dependent's age	Does dependent live with you?
	Do not state	the							□ No
	dependents				Daughter			14	■ Yes
									□ No
					Daughter			16	Yes
									□ No
									☐ Yes
									□ No
3.	Do your exp	enses include	_						☐ Yes
0.	expenses of	f people other t	han 🗖	No Yes					
	yourself and	d your depende	nts? ⊔	res					
Par	t 2: Estim	ate Your Ongoi	ng Monthl	y Expenses					
exp	enses as of a	cpenses as of your date after the l	our bankrı bankruptc	uptcy filing date unless y y is filed. If this is a supp	ou are using this followed the second	orm as a s J, check	supple the be	ement in a Cha	pter 13 case to report f the form and fill in the
app	olicable date.								
the	•	h assistance an		government assistance i luded it on <i>Schedule I:</i> \	•			Your exp	enses
(0		,							
4.		or home owners and any rent for th		ses for your residence. I r lot.	nclude first mortgage	e 4.	\$		2,815.00
	If not includ	led in line 4:							
	4a. Real e	estate taxes				4a.	\$		0.00
		rty, homeowner's	s, or renter	's insurance		4b.	_		78.00
				ıpkeep expenses		4c.			0.00
_		owner's associat		dominium dues our residence, such as ho	ma aguite les	4d. 5			0.00
5	Additional r	unitinana navmi	ante tor ve	HILL LOCIDODEO CITOD SC DO	THE BUILDY IDANS	^	*		(1) (1)(1)

Case 19-10400-BFK Doc 13 Filed 02/20/19 Entered 02/20/19 18:09:40 Desc Main Document Page 24 of 50

Debtor 1 Nic	oline K Jaramillo	Case number (if known)	19-10400		
6. Utilities: 6a. Elec	etricity, heat, natural gas	6a. \$	225.00		
	er, sewer, garbage collection	6b. \$	225.00		
	er, sewer, garbage collection phone, cell phone, Internet, satellite, and cable services	6c. \$	<u>225.00</u> 500.00		
		6d. \$			
	er. Specify:housekeeping supplies	6d. \$ 7. \$	0.00		
			1,000.00		
	and children's education costs	8. \$	200.00		
•	laundry, and dry cleaning	9. \$	200.00		
	care products and services	10. \$	250.00		
	nd dental expenses	11. \$	50.00		
	ation. Include gas, maintenance, bus or train fare.	12. \$	450.00		
	lude car payments.	· <u> </u>			
	ment, clubs, recreation, newspapers, magazines, and books	13. \$	0.00		
	e contributions and religious donations	14. \$	750.00		
5. Insurance					
Do not include 15a. Life	lude insurance deducted from your pay or included in lines 4 or 20.	15a. \$	0.00		
	Insurance Ith insurance	·	0.00		
		15b. \$	0.00		
	icle insurance	15c. \$	189.00		
	er insurance. Specify:	15d. \$	0.00		
	not include taxes deducted from your pay or included in lines 4 or 20.	40. *			
Specify: _		16. \$	0.00		
	nt or lease payments:	47- A	057.00		
	payments for Vehicle 1	17a. \$	357.00		
	payments for Vehicle 2	17b. \$	0.00		
	er. Specify:	17c. \$	0.00		
	er. Specify:	17d. \$	0.00		
	ments of alimony, maintenance, and support that you did not report a		0.00		
	from your pay on line 5, Schedule I, Your Income (Official Form 106I)	/•			
	ments you make to support others who do not live with you.	\$	0.00		
Specify:	Lucian anticonomica and trade de de de la	19.			
	I property expenses not included in lines 4 or 5 of this form or on Scitgages on other property	neauie i: Your income. 20a. \$			
		· —	0.00		
	l estate taxes	20b. \$	0.00		
	perty, homeowner's, or renter's insurance	20c. \$	0.00		
	ntenance, repair, and upkeep expenses	20d. \$	0.00		
	neowner's association or condominium dues	20e. \$	0.00		
 Other: Spe 	ecify: student loan repayment	21+\$	1,500.00		
Calculate	your monthly expenses				
	ines 4 through 21.	\$	8,789.00		
	· · · · · · · · · · · · · · · · · · ·		0,709.00		
	line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2				
22c. Add li	ine 22a and 22b. The result is your monthly expenses.	\$	8,789.00		
3 Calculate	your monthly net income.				
	y line 12 (your combined monthly income) from Schedule I.	23a. \$	10,746.88		
	y your monthly expenses from line 22c above.	23b\$	8,789.00		
230. COp	y your monthly expenses nom line 220 above.	∠3DΦ 	0,709.00		
23c Sub	tract your monthly expenses from your monthly income.				
	result is your <i>monthly net income</i> .	23c. \$	1,957.88		
me	rosuicis your monuny nacinicoma.				
4. Do vou ex	spect an increase or decrease in your expenses within the year after	vou file this form?			
For example	e, do you expect to finish paying for your car loan within the year or do you expect yo		crease or decrease because of a		
	to the terms of your mortgage?				
■ No.					
☐ Yes.	Explain here:				

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Fill in this inform	nation to identify you	r case:			
Debtor 1	Nicoline K Jarar	nillo			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT O	F VIRGINIA		
Case number (if known)	9-10400				☐ Check if this is an amended filing
Official Form	n 106Dec				
Declarati	ion About	an Individual	Debtor's S	chedules	12/15
obtaining money years, or both. 18		in connection with a bank			ement, concealing property, or 00, or imprisonment for up to 20
Did you pay	or agree to pay som	eone who is NOT an attori	ney to help you fill ou	t bankruptcy forms?	
■ No					
☐ Yes. N	ame of person				kruptcy Petition Preparer's Notice, n, and Signature (Official Form 119)
	ty of perjury, I declare true and correct.	e that I have read the sumi	mary and schedules f	iled with this declaration	on and
X /s/ Nico	line K Jaramillo		X		
Nicoline	e K Jaramillo e of Debtor 1		Signature	of Debtor 2	

Date

Date February 20, 2019

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Debtor 1 Nicoline K Jaramillo Institute Institute							
Debtor 2 First Name	Fill	in this infor	mation to identify you	r case:			
Debtor 2 Case number 19-10400	Deb	otor 1					
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA Case number	Doh	otor 2	First Name	Middle Name	Last Name		
Case number 19-10400 Check if this is an amended filling			First Name	Middle Name	Last Name		
Offficial Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy 4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Give Details About Your Marital Status and Where You Lived Before 1. What is your current marital status? Married Not married During the last 3 years, have you lived anywhere other than where you live now? No Yes. List all of the places you lived in the last 3 years. Do not include where you live now. Debtor 1 Prior Address: Dates Debtor 1 Debtor 2 Prior Address: Dates Debtor 2 lived there No Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Anzona, California, Idaho, Louisiana, Nevada, New Mexico, Pueno Rico, Texas, Washington and Wisconsin.) No Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H). Part 2 Explain the Sources of Your Income 4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a plain case and you have income that you received together, list it only once under Debtor 1. Sources of income (Check all that apply. Check all that apply. Provided the date you filed for bankruptcy: Wages, commissions, bonuses, tips	Uni	ted States Ba	ankruptcy Court for the:	EASTERN DISTRICT OF	VIRGINIA		
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4. Did you have any income from employment or from operating a business during this year or the two previous calendar years? Fill in the total amount of income you received from all jobs and all businesses, including part-time activities. If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1. No Yes. Fill in the details. Debtor 1 Sources of income Check all that apply. Gross income (before deductions and exclusions) From January 1 of current year until the date you filed for bankruptcy: Wages, commissions, bonuses, tips To a the date you filed for bankruptcy:	Por	t 2 Evole	oin the Sources of You	r Incomo			
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the date you filed for bankruptcy: bonuses, tips bonuses, tips					(before deductions and		(before deductions
☐ Operating a business ☐ Operating a business				_	\$15,000.00		
				☐ Operating a business		☐ Operating a business	

Official Form 107

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Case number (if known) 19-10400

Debtor 1 Nicoline K Jaramillo

				Debtor 1		Debtor 2		
				Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
	r last calei inuary 1 to	ndar year: December	31, 2018)	■ Wages, commissions, bonuses, tips	\$134,000.00	☐ Wages, com bonuses, tips	missions,	
				☐ Operating a business		☐ Operating a l	ousiness	
		ndar year be December		■ Wages, commissions, bonuses, tips	\$124,423.00	☐ Wages, com bonuses, tips	missions,	
				☐ Operating a business		☐ Operating a	ousiness	
	and other winnings. List each	public bene If you are fil	fit payments; ing a joint cas the gross inco	ner that income is taxable. Exa pensions; rental income; interse and you have income that your me from each source separate	est; dividends; money collector received together, list it constituted to the constitute of the consti	eted from lawsuits; only once under De	royalties; and btor 1.	
				Debtor 1		Debtor 2		
				Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of inconstruction Describe below.		Gross income (before deductions and exclusions)
Pa	rt 3: Lis	t Certain Pa	yments You	Made Before You Filed for I	Bankruptcy			
6.	Are eithe ☐ No.	Neither Dindividual During the No. Yes	ebtor 1 nor E primarily for a 90 days befo Go to line 7 List below 6 paid that cr not include	P's debts primarily consumer Debtor 2 has primarily consult personal, family, or household pre you filed for bankruptcy, die ach creditor to whom you paid editor. Do not include payment payments to an attorney for the ton 4/01/19 and every 3 years	mer debts. Consumer debt d purpose." d you pay any creditor a tota d a total of \$6,425* or more ts for domestic support oblig his bankruptcy case.	il of \$6,425* or mor in one or more pay gations, such as ch	re? ments and thild support an	ne total amount you nd alimony. Also, do
	■ Yes.			or both have primarily consure you filed for bankruptcy, did		ıl of \$600 or more?		
		■ No.	Go to line 7					
		□ Yes	include pay	each creditor to whom you pai ments for domestic support of this bankruptcy case.				
	Creditor	's Name an	d Address	Dates of payme	nt Total amount	Amount you still owe	Was this p	payment for

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Page 28 of 50 Case number (if known) 19-10400 Debtor 1 Nicoline K Jaramillo

7.	Within 1 year before you filed for bankrupt Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	artners; relatives of any gen control, or owner of 20% o	eral partners; partners of their voting	erships of which yo g securities; and ar	u are a genera ny managing a	Il partner; corporations gent, including one for
	NoYes. List all payments to an insider.					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment
8.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos		ments or transfer a	any property on a	ccount of a de	ebt that benefited an
	No☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment itor's name
Pa	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. ☐ No ☐ Yes. Fill in the details.					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case
	LCOR Asset Management LP v. Nicoline Jaramillo and Mark Jaramillo GV19002289-00	Unlawful Detainer	Fairfax Genera Court 4110 Chain Bri Fairfax, VA 220	dge Rd.	☐ Pending ☐ On appe ☐ Conclude non suit	
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below ☐ No. Go to line 11. ☐ Yes. Fill in the information below.		erty repossessed, f	oreclosed, garnis	shed, attached	l, seized, or levied?
	Creditor Name and Address	Describe the Property		Date		Value of the property
	USAA	Explain what happened 7349 Prickley Pear D		9912 2/2/2	010	\$180,000.00
	USAA			9912 21212	019	\$180,000.00
		Property was reposse				
		■ Property was foreclos□ Property was garnishe				
		☐ Property was attached				
11.	Within 90 days before you filed for bankrup	. ,	<u> </u>	nancial institution	set off any a	mounts from your
11.	accounts or refuse to make a payment bed No Yes. Fill in the details.		duding a bank of hi	ianciai institution	, set on any a	mounts nom you
	Creditor Name and Address	Describe the action the	creditor took		action was	Amount
				taken		

Case 19-10400-BFK Doc 13 Filed 02/20/19 Entered 02/20/19 18:09:40 Desc Main Page 29 of 50 Document Case number (if known) 19-10400 Debtor 1 Nicoline K Jaramillo 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? ■ No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.

Part 7: List Certain Payments or Transfers

16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

☐ No

Yes. Fill in the details.

ap@aplawg.com

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You AP Law Group, PLC 211 Park Ave, Falls Church, VA 22046 Description and value of any property transferred

Date payment or transfer was made

Amount of payment

Attorney Fees

1/14/19

\$1,750.00

Official Form 107

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Debtor 1 Nicoline K Jaramillo

17.	Within 1 year before you filed for bankruptcy, promised to help you deal with your creditors Do not include any payment or transfer that you li No	or to make payments			or transfer any proper	ty to anyone who
	Yes. Fill in the details.					
	Person Who Was Paid Address	Description and vatransferred	llue of any prop	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptcy transferred in the ordinary course of your bus			sfer any prop	erty to anyone, other	than property
	Include both outright transfers and transfers mad include gifts and transfers that you have already l	e as security (such as th		ecurity interes	st or mortgage on your p	property). Do not
	■ No □ Yes. Fill in the details.					
		December the second con-		D ''		D-1-1
	Person Who Received Transfer Address	Description and va			any property or received or debts change	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankruptobeneficiary? (These are often called asset-prote		property to a se	elf-settled tru	ust or similar device o	f which you are a
	☐ Yes. Fill in the details.					
	Name of trust	Description and va	lue of the prope	erty transferr	ed	Date Transfer was made
Par	8: List of Certain Financial Accounts, Instr	uments, Safe Deposit	Boxes, and Stor	age Units		
20.	Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associa No Yes. Fill in the details.	other financial accoun	ts; certificates o	of deposit; sh		
		ast 4 digits of account number	Type of accoun instrument	clo	te account was osed, sold, oved, or nsferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 yea	ar before you filed for	bankruptcy, any	safe deposi	t box or other deposit	ory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acce Address (Number, State and ZIP Code)		Describe the	contents	Do you still have it?
22.	Have you stored property in a storage unit or	place other than your	home within 1 ye	ear before yo	ou filed for bankruptcy	ı?
	■ No					
	Yes. Fill in the details.					
	Name of Storage Facility	Who else has or ha	ad access F	Describe the	contents	Do you still
	Address (Number, Street, City, State and ZIP Code)	to it? Address (Number, State and ZIP Code)		Joon No tile	ooon	have it?

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Debtor 1 Nicoline K Jaramillo

Pai	t 9: Identify Property You Hold or Control for	Someone Else		
23.	Do you hold or control any property that some for someone.	one else owns? Include any prope	rty you borrowed from, are storing fo	r, or hold in trust
	■ No			
	Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Pai	t 10: Give Details About Environmental Inform	nation		
For	the purpose of Part 10, the following definitions	s apply:		
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, ground	- •	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal	l sites.		
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.	
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environm	nental law?
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	y release of hazardous material?		
	■ No □ Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	Environmental law, if you know it	Date of notice
26.	Have you been a party in any judicial or admini	istrative proceeding under any env	ironmental law? Include settlements	and orders.
	■ No □ Yes. Fill in the details.			
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Pai	t11: Give Details About Your Business or Cor	nnections to Any Business		
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have ar	ny of the following connections to an	y business?
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity	, either full-time or part-time	
	☐ A member of a limited liability company	y (LLC) or limited liability partnersh	nip (LLP)	
	☐ A partner in a partnership			
	☐ An officer, director, or managing execu	itive of a corporation		
	An owner of at least 5% of the veting of			

Debtor 1	Nicoline K Jaramillo	Document	Page 32 of 50 Case number (if known)	19-10400

	■ No. None of the above applies. Go to	Part 12.	
	☐ Yes. Check all that apply above and fil	I in the details below for each business.	
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
28.	Within 2 years before you filed for bankrup institutions, creditors, or other parties. No Yes. Fill in the details below.	tcy, did you give a financial statement to a	nyone about your business? Include all financial
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued	
Pa	t 12: Sign Below		
are with 18 U		false statement, concealing property, or o	declare under penalty of perjury that the answers obtaining money or property by fraud in connection ears, or both.
Nic	coline K Jaramillo nature of Debtor 1	Signature of Debtor 2	
Da	e February 20, 2019	Date	
Did ■ N		ent of Financial Affairs for Individuals Filir	ng for Bankruptcy (Official Form 107)?
Did ■ N	you pay or agree to pay someone who is no	t an attorney to help you fill out bankrupto	cy forms?
	•		and Signature (Official Form 119).

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United States Bankruptcy Court
Eastern District of Virginia

In re	Nicoline K Jaramillo	Case No.	19-10400	
	Debtor(s)	Chapter	13	

	DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR
1.	Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and the compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the compensation paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the compensation paid to me, for services rendered or to be
	bankruptcy case is as follows:
	For legal services, I have agreed to accept \$ 5,000.00
	Prior to the filing of this statement I have received \$ 1,750.00
	Balance Due \$ 3,250.00
2.	The source of the compensation paid to me was:
	$\blacksquare \text{Debtor} \Box \text{Other} \left(specify \right)$
3.	The source of compensation to be paid to me is:
	$\blacksquare \text{Debtor} \Box \text{Other} \left(specify \right)$
4.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm
	☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5.	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. Other provisions as needed: Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.
6.	By agreement with the debtor(s), the above-disclosed fee does not include the following services: Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions of any other adversary proceeding.

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CERTIFICATION

I certify that	at the foregoing is a comp	lete statement of any	agreement or	arrangement for	payment to	me for repre	esentation of	the de	btor(s) in
this bankruptcy	proceeding.								

February 20, 2019	/s/ Ashvin Pandurangi
Date	Ashvin Pandurangi
	Signature of Attorney
	AP Law Group, PLC
	Name of Law Firm
	211 Park Ave,
	Falls Church, VA 22046
	(571) 969-6540 Fax: (571) 699-0518

For use in Chapter 13 Cases where Fees Requested Not in Excess of \$5,223 (For all Cases Filed on or after 01/01/2018)

NOTICE TO DEBTOR(S), STANDING CHAPTER 13 TRUSTEE AND UNITED STATES TRUSTEE PURSUANT TO LOCAL BANKRUPTCY RULE 2016-1(C) AND CLERK'S CM/ECF POLICY 9

Notice is hereby given that pursuant to Local Bankruptcy Rule 2016-1(C), you must file an objection with the court to the fees requested in this disclosure of compensation opposing said fees in their entirety, or in a specific amount, no later than the last day for filing objections to confirmation of the chapter 13 plan.

PROOF OF SERVICE

The undersigned hereby certifies that on this date the foregoing Notice was served upon the debtor(s), the standing Chapter 13 trustee, and U. S. trustee pursuant to Local Bankruptcy Rule 2016-1(C) and the Clerk's CM/ECF Policy 9, either electronically or in paper form (first class mail).

February 20, 2019	/s/ Ashvin Pandurangi
Date	Ashvin Pandurangi
	Signature of Attorney

Fill in this information to identify your case:								
Debtor 1	Nicoline K Jaramillo							
Debtor 2 (Spouse, if filing)								
United States B	Bankruptcy Court for the: Eastern District of Virginia							
Case number (if known)	19-10400							

Check as directed in lines 17 and 21:						
	ording to the calculations required by this tement:					
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
•	2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					
☐ Check if this is an amended filing						

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more

space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). Part 1: Calculate Your Average Monthly Income

- 1. What is your marital and filing status? Check one only.
 - □ Not married. Fill out Column A, lines 2-11.
 - Married. Fill out both Columns A and B, lines 2-11.

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both

				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).			\$	9,916.66	\$	0.00	
 Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in. 			\$	0.00	\$	0.00	
All amounts from any source which are regularly of you or your dependents, including child support from an unmarried partner, members of your househout and roommates. Do not include payments from a spoyou listed on line 3. Not income from operating a business.	rt. Includ	le regula: depende	contributions nts, parents,	\$	0.00	\$	0.00
Net income from operating a business, profession, or farm	Debtor	1					
Gross receipts (before all deductions)	\$	0.00					
Ordinary and necessary operating expenses	-\$	0.00					
Net monthly income from a business, profession, or farm		0.00	Copy here ->	\$	0.00	\$	0.00
6. Net income from rental and other real property	Debtor	1					
Gross receipts (before all deductions)	\$	0.00					
Ordinary and necessary operating expenses	-\$	0.00					
Net monthly income from rental or other real property	\$	0.00	Copy here ->	\$	0.00	\$	0.00

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period Case 19-10400-BFK Doc 13 Filed 02/20/19 Entered 02/20/19 18:09:40 Desc Main Document Page 36 of 50

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Case number (if known)

Column B Column A Debtor 1 Debtor 2 or non-filing spouse 0.00 0.00 7. Interest, dividends, and royalties 8. Unemployment compensation 0.00 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you____ 0.00 0.00 9. Pension or retirement income. Do not include any amount received that was a 2.453.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. **Veterans Disability** 0.00 1.668.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 0.00 \$ 11. Calculate your total average monthly income. Add lines 2 through 10 for 14,037.66 0.00 14,037.66 each column. Then add the total for Column A to the total for Column B. Total average monthly income Part 2: **Determine How to Measure Your Deductions from Income** 12. Copy your total average monthly income from line 11. 14,037.66 13. Calculate the marital adjustment. Check one: ☐ You are not married. Fill in 0 below. You are married and your spouse is filing with you. Fill in 0 below. You are married and your spouse is not filing with you. Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents. Below, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If this adjustment does not apply, enter 0 below. 0.00 0.00 Copy here=> 14,037.66 14. Your current monthly income. Subtract line 13 from line 12. 15. Calculate your current monthly income for the year. Follow these steps: 14.037.66 15a. Copy line 14 here=> Multiply line 15a by 12 (the number of months in a year). **x** 12 168,451.92 15b. The result is your current monthly income for the year for this part of the form.

Nicoline K Jaramillo

Debtor 1

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Nicoline K Jaramillo Debtor 1 Case number (if known) 19-10400 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. VA 7 16b. Fill in the number of people in your household. 127,951.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) Part 3: 18. Copy your total average monthly income from line 11. 14,037.66 Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 14,037.66 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 14,037.66 20a. Copy line 19b Multiply by 12 (the number of months in a year). x 12 168,451.92 20b. The result is your current monthly income for the year for this part of the form 127,951.00 \$ 20c. Copy the median family income for your state and size of household from line 16c 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Sign Below By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Nicoline K Jaramillo

Part 4:

Nicoline K Jaramillo

Signature of Debtor 1

Date February 20, 2019

MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

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						_			
Fill in	this info	rmation to ident	ify you	r case:					
Debto	r 1	Nicoline K Ja	ramillo	1					
Debto	r 2								
	se, if filin	g)							
United	l States E	Bankruptcy Court f	or the:	Eastern District of Vi	irginia				
Case i		19-10400					Check if this i	s an amende	ed filing
(II IIII)	wiij								3
	l Form 1								
Cha	pter	13 Calcul	atio	n of Your Di	sposable li	ncome			04/16
Comm	itment P	eriod (Official Fo	orm 122	C-1).	•	ent of Your Current Mo	·		
space	is neede	d, attach a separ	ate she		ide the line number	ether, both are equally to which additional in			
Part 1	: Ca	Iculate Your Ded	uctions	from Your Income					
the	question	ns in lines 6-15. T	Γo find t		o online using the	or certain expense amo link specified in the se			
exp	enses if t	hey are higher tha	an the st	andards. Do not inclu	de any operating ex	ense. In later parts of the penses that you subtrac s income in line 13 of Fo	ted from incon		
If yo	our exper	ses differ from mo	onth to r	nonth, enter the avera	age expense.				
Not	e: Line n	umbers 1-4 are no	ot used i	n this form. These nur	mbers apply to inforr	mation required by a sim	nilar form used	in chapter 7 c	ases.
5.	The nu	mber of people ι	ısed in	determining your de	ductions from inco	me			
									٦
	plus the		dditiona	dependents whom yo		ederal income tax return nber may be different fro		4	
Nat	ional Sta	ındards	You mu	st use the IRS Nation	al Standards to ansv	wer the questions in line	s 6-7.		
6.				s: Using the number o tt for food, clothing, ar		d in line 5 and the IRS N	lational	\$	1,694.00
7.	the doll people	ar amount for out- who are 65 or old	of-pock erbeca	et health care. The nu	mber of people is sp e a higher IRS allow	ntered in line 5 and the l olit into two categoriesp ance for health car costs 222.	people who are	e under 65 and	t

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19-10400 Nicoline K Jaramillo Debtor 1 Case number (if known) People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 7b. Number of people who are under 65 4 7c. Subtotal. Multiply line 7a by line 7b. 208.00 Copy here=> \$ 208.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 114 7e. Number of people who are 65 or older 0 7f. Subtotal. Multiply line 7d by line 7e. 0.00 Copy here=> 0.00 7g. Total. Add line 7c and line 7f 208.00 Copy total here=> 208.00 Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15. Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts: Housing and utilities - Insurance and operating expenses Housing and utilities - Mortgage or rent expenses To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office. Housing and utilities - Insurance and operating expenses: Using the number of people you entered in line 5, fill 658.00 in the dollar amount listed for your county for insurance and operating expenses. Housing and utilities - Mortgage or rent expenses: 9a. Using the number of people you entered in line 5, fill in the dollar amount 2,615.00 listed for your county for mortgage or rent expenses. 9b. Total average monthly payment for all mortgages and other debts secured by your home. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60. Name of the creditor Average monthly payment -NONE-\$ Сору Repeat this amount 0.00 0.00 9b. Total average monthly payment \$ here=> on line 33a. 9c. Net mortgage or rent expense. Subtract line 9b (total average monthly payment) from line 9a (mortgage Copy 2,615.00 2,615.00 or rent expense). If this number is less than \$0, enter \$0. here=>

Explain why:

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and

affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

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Nicoline K Jaramillo Debtor 1 Case number (if known) 19-10400 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense. ☐ 0. Go to line 14. 1. Go to line 12. \square 2 or more. Go to line 12 12. Vehicle operation expense: Using the IRS Local Standards and the number of vehicles for which you claim the 221.00 operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. 13. Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Describe Vehicle 1: Vehicle 1 2017 Fiat 500C 35.000 miles 13a. Ownership or leasing costs using IRS Local Standard..... 497.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **Ally Financial** 357.00 Repeat this Copy amount on **Total Average Monthly Payment** 357.00 357.00 line 33b. 13c. Net Vehicle 1 ownership or lease expense Copy net Vehicle 1 Subtract line 13b from line 13a. if this number is less than \$0, enter \$0. expense here 140.00 140.00 Vehicle 2 Describe Vehicle 2: 13d. Ownership or leasing costs using IRS Local Standard..... 0.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment Сору Repeat this here amount on line Total average monthly payment 0.00 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this number is less than \$0, enter \$0. expense here 0.00 0.00 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the 0.00 Public Transportation expense allowance regardless of whether you use public transportation. 15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may 178.00

not claim more than the IRS Local Standard for Public Transportation.

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Debtor 1 Nicoline K Jaramillo Case number (if known) 19-10400

Oth	er Necessary Expenses	In addition to the expense of the following IRS categories		e, you are allowed your monthly expenses	for	
16.	self-employment taxes, soo your pay for these taxes. H	cial security taxes, and Medic lowever, if you expect to receive rom the total monthly amount	care taxes. You may in eive a tax refund, you r	nd local taxes, such as income taxes, clude the monthly amount withheld from nust divide the expected refund by 12 of for taxes.	\$	3,206.62
17.	Involuntary deductions:	The total monthly payroll ded and uniform costs.	uctions that your job re	equires, such as retirement		
			b, such as voluntary 4	01(k) contributions or payroll savings.	\$	198.32
18.	filing together, include payi	ments that you make for your or life insurance on your depe	r spouse's term life ins	fe insurance. If two married people are urance. g spouse's life insurance, or for any form	\$	0.00
19.	administrative agency, suc	The total monthly amount the has spousal or child support near the obligations for so	t payments.	d by the order of a court or You will list these obligations in line 35.	\$	0.00
20		hly amount that you pay for				
20.	as a condition for your j		Saddation that is citrici	required.		
	· · ·		t child if no public educ	cation is available for similar services.	\$	0.00
21	, , ,	, , ,	•	rsitting, daycare, nursery, and preschool.	· 	
۷.,		or any elementary or seconda		onling, dayoure, hursery, and presence.	\$	0.00
22.	Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7.					
	Payments for health insura	nce or health savings accou	nts should be listed on	ly in line 25.	\$	0.00
23.	for you and your depender phone service, to the exter income, if it is not reimburs Do not include payments for	ats, such as pagers, call waitint necessary for your health a ned by your employer. For basic home telephone, into	ng, caller identification and welfare or that of y ernet and cell phone se	you pay for telecommunication services, special long distance, or business cell our dependents or for the production of ervice. Do not include self-employment mount you previously deducted.	+\$	0.00
24.	Add all of the expenses a Add lines 6 through 23.	allowed under the IRS expe	nse allowances.		\$	9,118.94
Add	litional Expense Deduction	These are additional d				
25.				nses. The monthly expenses for health oly necessary for yourself, your spouse, o	r	
	I laalth taarmaaaa					
	Health insurance		\$ 383.12			
	Disability insurance		\$ <u>383.12</u> \$ 0.00			
		,				
	Disability insurance	•	\$ 0.00	Copy total here=>	\$	383.12
	Disability insurance Health savings account Total Do you actually spend this		\$ 0.00 + \$ 0.00	Copy total here=>	\$	383.12
	Disability insurance Health savings account Total Do you actually spend this	total amount?	\$ 0.00 + \$ 0.00	Copy total here=>	\$	383.12
26.	Disability insurance Health savings account Total Do you actually spend this No. How much do your yes Continued contributions continue to pay for the reasyour household or member	total amount? you actually spend? to the care of household of sonable and necessary care	\$ 0.00 \$ 0.00 \$ 383.12 \$ r family members. Trand support of an elder on is unable to pay for second support or an elder on is unable to pay for second support or an elder on is unable to pay for second support or an elder on is unable to pay for second support or an elder or is unable to pay for second suppo	ne actual monthly expenses that you will brly, chronically ill, or disabled member of such expenses. These expenses may	\$	383.12
	Disability insurance Health savings account Total Do you actually spend this No. How much do y Yes Continued contributions continue to pay for the reasyour household or member include contributions to an Protection against family	total amount? you actually spend? to the care of household of sonable and necessary care of your immediate family whaccount of a qualified ABLE violence. The reasonably necessonably necessonables.	\$ 0.00 \$ 383.12 \$ r family members. The and support of an elder to pay for a program. 26 U.S.C. § secessary monthly experience.	ne actual monthly expenses that you will brly, chronically ill, or disabled member of such expenses. These expenses may		

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 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses o 8, then fill in the excess amount of home energy costs You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23. 	on line	\$	
 8, then fill in the excess amount of home energy costs You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary. 29. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount 	1	\$_	
 amount claimed is reasonable and necessary. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount 		\$	- -
\$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private public elementary or secondary school. You must give your case trustee documentation of your actual expenses, and you must explain why the amount			0.0
* Subject to adjustment on 4/01/19, and every 3 years after that for cases begun on or after the date of adjustment	t.	\$	200.0
30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses a higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be monthan 5% of the food and clothing allowances in the IRS National Standards.			
To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.			
You must show that the additional amount claimed is reasonable and necessary.		\$	58.00
31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or finan instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4).	ıcial		
Do not include any amount more than 15% of your gross monthly income.		\$_	750.00
32. Add all of the additional expense deductions. Add lines 25 through 31.		\$	1,391.12
Deductions for Debt Payment			
33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e.			
To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.			
Mortgages on your home		Averag payme	ge monthly ent
33a. Copy line 9b here	=> 5	\$	0.00
Loans on your first two vehicles			
33b. Copy line 13b here	=> 5	\$	357.00
	=> 5	\$	0.00
33d. List other secured debts:			
Name of each creditor for other secured debt Identify property that secures the debt Does paymer include taxes or insurance'	S		
□ No			
-NONE- □ Yes	q	\$	
_	Ψ		
□ No			
Yes	\$	\$	
□ No			
	+ \$	\$	
□ Yes		-	
	Сору		

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Nicoline K Jaramillo Debtor 1 Case number (if known) 19-10400 34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. ☐ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount Monthly cure amount $\div 60 = \$$ -NONE-Сору total 0.00 0.00 Total here=> 35. Do you owe any priority claims - such as a priority tax, child support, or alimony - that are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. ☐ No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19. Total amount of all past-due priority claims 777.91 ÷ 60 12.97 36. Projected monthly Chapter 13 plan payment Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense 369.97 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 9,118.94 expense allowances Copy line 32, All of the additional expense deductions 1,391.12 Copy line 37, All of the deductions for debt payment 369.97 10,880.03 10,880.03 Copy total here=>

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Nicoline K Jaramillo 19-10400 Debtor 1 Case number (if known) Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2) 39. Copy your total current monthly income from line 14 of Form 122C-1, Chapter 13 14,037.66 Statement of Your Current Monthly Income and Calculation of Commitment Period. 40. Fill in any reasonably necessary income you receive for support for dependent children. The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I of Form 122C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably 0.00 necessary to be expended for such child. 41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as 0.00 specified in 11 U.S.C. § 362(b)(19). 42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A). Copy line 38 here => 10,880.03 43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses. Describe the special circumstances Amount of expense Copy 0.00 0.00 Total | \$ here=> \$ Сору 44. **Total adjustments.** Add lines 40 through 43. 10.880.03 here=> -\$ 3.157.63 45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. Part 3: Change in Income or Expenses 46. Change in income or expenses. If the income in Form 122C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 122C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase. Form Increase or I ine Reason for change Date of change Amount of change decrease? ☐ Increase ☐ 122C-1 ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ 122C-1 ☐ Increase ☐ 122C-2 ☐ Decrease ☐ Increase ☐ 122C-1 ☐ 122C-2 ☐ Decrease

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Debtor 1 Nicoline K Jaramillo Case number (if known) 19-10400

Part 4:	Sign Below
By si	igning here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.
Nic	Nicoline K Jaramillo coline K Jaramillo nature of Debtor 1
	<u>bruary 20, 2019</u>

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2018 to 01/31/2019.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Ernst & Young

Income by Month:

6 Months Ago:	08/2018	\$9,916.66
5 Months Ago:	09/2018	\$9,916.66
4 Months Ago:	10/2018	\$9,916.66
3 Months Ago:	11/2018	\$9,916.66
2 Months Ago:	12/2018	\$9,916.66
Last Month:	01/2019	\$9,916.66
	Average per month:	\$9,916.66

Line 9 - Pension and retirement income

Source of Income: **Prudential**

Income by Month:

6 Months Ago:	08/2018	\$2,453.00
5 Months Ago:	09/2018	\$2,453.00
4 Months Ago:	10/2018	\$2,453.00
3 Months Ago:	11/2018	\$2,453.00
2 Months Ago:	12/2018	\$2,453.00
Last Month:	01/2019	\$2,453.00
	Average per month:	\$2,453.00

Line 10 - Income from all other sources

Source of Income: Veterans Disability

Income by Month:

6 Months Ago:	08/2018	\$1,668.00
5 Months Ago:	09/2018	\$1,668.00
4 Months Ago:	10/2018	\$1,668.00
3 Months Ago:	11/2018	\$1,668.00
2 Months Ago:	12/2018	\$1,668.00
Last Month:	01/2019	\$1,668.00
	Average per month:	\$1,668.00

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.